APPENDIX F FORMS

HOSPITAL QUARTERLY				OSHPD Use Only: 1999	9106	
FINANCIAL AND UTILIZATION REPO			PORT	Filed Date:	PM F	AX
Facility DBA (Doing Business As) Name:				2. OSHPD Facility No).:	
3. Street Address: 4. City:				5. Zip Code:		
	eport Prepared By:			7. Preparer's Phone:	Ext:	
8. C	hief Executive Officer (Administrator):	9. Main H	lospital Phone:	10. Disaster Coordina	Ext:	
Line No.	(1) Report Period		port Due Date	(2) Original (Chec	(3) Revise k One)	d
15.	January 1 - March 31, 1999	May 15, 1				
16.	April 1 - June 30, 1999	August 14				
17.	July 1 - September 30, 1999		er 14, 1999			
18.	October 1 - December 31, 1999	February				
	Other (Specify: Month/Day/Year)		days of the end			
19.	Begin Date://		rresponding			
20.	End Date://	calendar				
21.	Is this report based on a 13-period acc	counting cyc	cle?		[] Yes [] No
					1999	
			ATA ITEMS		QUARTI	ER
25.	Licensed Beds (end of report period - e					
30.	Available Beds (average for report per					
35.	Staffed Beds (average for report period			in suspense)		
	Hospital Discharges (excluding nursery discharges)					
41.						
42.						
43.	, 0					
44.		licare HMO	and Medi-Cal HMO o	discharges)		
49.						
50.						
55.						
	Patient (Census) Days (excluding nursery patient (census) days)					
61.						
62.						
63.						
64.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
69.						
70.						
75.						
04	Outpatient Visits (including ER, Clinic, Referred, Home Health Visits, and Day Care Days)					
81.						
82.	Medi-Cal					
83.						
84.	,					
89. 90.	89. Other Payors 90. Total Outpatient Visits (sum of lines 81 thru 89)					
Continued on Next Page ** The reporting of this item is optional.						
Contin	nued on Next Page The Tepor	ting or una	item is optional.			
	QUESTIONS CERTIFICATION					
Please contact us at the following address, phone						
numl	number, or FAX number: I,, certify under penalt			nalty of		
·			perjury that to the best of my knowledge and information, the			
Patricia Burritt			information reported is			
Offic	e of Statewide Health Planning and Develop					
	ounting and Reporting Systems Section	Ву:				
818 K Street Room 400						

Title: _

FAX No: (916) 323-7675

Sacramento, CA 95814 Phone: (916) 323-0875

Date: _

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facil	ity DBA Name:	1999 Quarter Ending:	OSHPD Facility No.:	
ļ.,				
Line	FINAN	OLAL DATA ITEMO		1999
No.	FINANCIAL DATA ITEMS			QUARTER
100.	Total Operating Expenses (including PPC expenses reported in line 110)			\$
110.	Physician Professional Component Expenses (PPC)**			\$
404		Gross Inpatient Revenue (including PPC charges)		
121.	Medicare Madi Col			\$
122.	Medi-Cal			
123.	County Indigent Programs	diagra LIMO and Madi Cal LIMO)		
124. 129.	Other Third Parties (including Med Other Payors	dicare filio and Medi-Cai filio)		
130.	Total Gross Inpatient Revenue	(sum of lines 121 thru 120)		\$
130.	Gross Outpatient Revenue (including			Ψ
131.	Medicare Medicare	r C charges)		\$
132.	Medi-Cal			Ψ
133.	County Indigent Programs			
134.	Other Third Parties (including Med	dicare HMO and Medi-Cal HMO)		
139.	Other Payors	aloare rivie and wear our rivie)		
140.	Total Gross Outpatient Revenu	ue (sum of lines 131 thru 139)		\$
	Deductions from Revenue	(04 000 .00.)		<u> </u>
141.	Medicare Contractual Adjustments	8		\$
142.	Medi-Cal Contractual Adjustments			*
143.	Disproportionate Share Payments		55)	(
145.	County Indigent Programs Contractual Adjustments			,
146.	Other Third Parties Contractual Adjustments (excluding capitation premium revenue)			
147.	Provision for Bad Debts (including bad debt recoveries)			
148.	Charity - Hill-Burton			
149.	Charity - Other			
150.	Restricted Donations and Subsidies for Indigent Care			()
151.	Teaching Allowance (for U.C. teaching hospitals only)			
152.	Clinical Teaching Support (for U.C. teaching hospitals only)			()
155.	Capitation Premium Revenue		(
159.	Other Adjustments and Allowances			
160.	Total Deductions from Revenue (sum of lines 141 thru 159)			\$
	Net Patient Revenue (Gross Patient R	evenue less Deductions from Rev	renue)	
161.	Medicare			\$
162.	Medi-Cal			
163.	County Indigent Programs			
164.	Other Third Parties			
169.	Other Payors		. !' 4.40 . !' 400\	Φ.
170.	1	m of lines 161 thru 169) (Line 130	+ line 140 - line 160)	
180.	Other Operating Revenue	vetion Eveneses		\$
185.	Nonoperating Revenue Net of Nonoperating Expenses		\$	
190. 195.	Total Capital Expenditures (excluding disposal of assets)		\$	
200.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress) Disproportionate Share Funds Transferred to Related Public Entity**		\$ \$	
∠∪∪.	Purchased Inpatient Services	erred to Related Public Entity		Ψ
205.		41 thru 50**		
210.	Discharges (Not included in lines 41 thru 50)** Patient Days (Not included in lines 61 thru 70)**			
215.	Patient Days (Not included in lines 61 thru 70)** Expenses (included in line 100)** \$\$\$			\$
220.	Revenue (included in lines 121 thi	u 130)**		\$
ZZU.	Meveriue (included in lines 121 thi	u 100)		Ψ

Note: Effective with calendar quarters ended on or after March 31, 1994, all hospitals are required to prepare this quarterly report using the Office-provided Hospital Quarterly Reporting System (HQRS) software and to submit the report by modem to the Office's Bulletin Board System, unless the Office has granted approval in writing to submit this report using this standard report form or the HQRS-produced facsimile report.

^{**} The reporting of this item is optional.

		OSHPD Use Only		
	HOSPITAL QUA	Quarter: 2000 106		
	FINANCIAL AND UTILIZ	Filed Date:	PM FAX	
1. Fa	cility DBA (Doing Business As) Name:		2. OSHPD Facility I	No.:
3. Str	eet Address:	4. City:		5. Zip Code:
6. Re	port Prepared By:	.1	7. Preparer's Phone	I e: Ext:
9 Ch	ief Executive Officer (Administrator):	9. Main Hospital Phone:	10. Disaster Coordi	
o. Cii	iei Executive Officei (Auffilifistrator).	()	()	Ext:
	(1)		(2)	(3)
Line	Report Period	Report Due Date	Original	Revised
No.			(Che	eck One)
15.	January 1 - March 31, 2000	May 15, 2000	,	
16.	April 1 - June 30, 2000	August 14, 2000		
17.	July 1 - September 30, 2000	November 14, 2000		
18.	October 1 - December 31, 2000	February 14, 2001		
	Other (Specify: Month/Day/Year)	Within 45 days of the end		
19.	Begin Date://	of the corresponding		
20.	End Date: / /	calendar quarter.		
21.	Is this report based on a 13-period ac	•		[] Yes
	·	IZATION DATA ITEMS		2000 QUARTER
25.				
30.	Available Beds (average for report period - excluding bassinets and beds in suspense)			
35.	Staffed Beds (average for report period - excluding bassinets and beds in suspense)			
	Hospital Discharges (excluding nurse			
50.	, and the second se			
55.	Medicare - Managed Care			
60.	Medi-Cal - Traditional			
65.	Medi-Cal - Managed Care			
70.	County Indigent Programs - Traditional			
75.	County Indigent Programs - Managed Care			
80.	Other Third Parties - Traditional			
85.	Other Third Parties - Managed Care			
90.	Other Indigent			
95.	Other Payors			
100.	Total Hospital Discharges (sum of lines 50 thru 95)			
105.	Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)**			
	Patient (Census) Days (excluding nur	sery patient (census) days)		
150.	Medicare - Traditional			
155.	Medicare - Managed Care			
160.	Medi-Cal - Traditional			
165.	Medi-Cal - Managed Care			
170.	County Indigent Programs - Tradi			
175.	County Indigent Programs - Mana	aged Care		
180.				
185.	Other Third Parties - Managed Care			
190.	Other Indigent			
195.	Other Payors			
200.	Total Patient (Census) Days (sum of lines 150 thru 195)			

^{205.} Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**

Continued on Next Page ** The reporting of this item is optional. OSHPD

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Line		2000		
No.	UTILIZATION DATA ITEMS (Cont'd)	QUART	ER	
	Outpatient Visits (including ER, Clinic, Referred, Home Health Visits, and Day Care Days)			
250.	Medicare - Traditional			
255.	Medicare - Managed Care			
260.	Medi-Cal - Traditional			
265.	Medi-Cal - Managed Care			
270. 275.	County Indigent Programs - Traditional			
275. 280.	County Indigent Programs - Managed Care Other Third Parties - Traditional			
285.	Other Third Parties - Traditional Other Third Parties - Managed Care			
290.	Other Indigent			
295.	Other Indigent Other Payors			
300.	·			
300.	0. Total Outpatient Visits (sum of lines 250 thru 295)			
	FINANCIAL DATA ITEMS			
	Gross Inpatient Revenue (including PPC charges)			
350.	Medicare - Traditional	\$		
355.	Medicare - Managed Care			
360.	Medi-Cal - Traditional			
365.	Medi-Cal - Managed Care			
370.	County Indigent Programs - Traditional			
375. 380.	County Indigent Programs - Managed Care Other Third Parties - Traditional			
380. 385.				
390.	Other Third Parties - Managed Care			
390. 395.	Other Indigent Other Payors			
400.	Total Gross Inpatient Revenue (sum of lines 350 thru 395)	\$		
400.	Gross Outpatient Revenue (including PPC charges)	Ψ		
450.	Medicare - Traditional	\$		
455.	Medicare - Managed Care	Ψ		
460.				
465.				
470.	County Indigent Programs - Traditional			
475.	County Indigent Programs - Managed Care			
480.	Other Third Parties - Traditional			
485.	Other Third Parties - Managed Care			
490.	Other Indigent			
495.	V			
500.	Total Gross Outpatient Revenue (sum of lines 450 thru 495)	\$		
	Deductions from Revenue			
545.	Provision for Bad Debts (including bad debt recoveries)	\$		
550.	Medicare - Traditional Contractual Adjustments			
555.	•			
560.	Medi-Cal - Traditional Contractual Adjustments			
565.	Medi-Cal - Managed Care Contractual Adjustments			
566.	Disproportionate Share Payments for Medi-Cal Patient Days (SB 855)	(
570.	County Indigent Programs - Traditional Contractual Adjustments			
575.	County Indigent Programs - Managed Care Contractual Adjustments			
580.	Other Third Parties - Traditional Contractual Adjustments			
585.	Other Third Parties - Managed Care Contractual Adjustments			
590.	Charity - Hill-Burton			
595.	·			
600.	· · · · · · · · · · · · · · · · · · ·			
605.				
610.	Clinical Teaching Support (for U.C. teaching hospitals only)	(
615.				
620.	Total Deductions from Revenue (sum of lines 545 thru 615)	\$		

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2000 Quarter Ending:	OSHPD Facility No.:	
1 :				0000
Line No.	FINIANICIAL DATA ITEMO (Caratial)			2000
INO.	FINANCIAL DATA ITEMS (Cont'd) Capitation Premium Revenue			QUARTER
650.	Capitation Premium Revenue - Medicare			\$
660.	Capitation Premium Revenue - Me			Ψ
670.	Capitation Premium Revenue - Co			
680.		,		
700.	· ·			\$
700.	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue plus			Ψ
	Capitation Revenue)	overlae lees Beadellene nem Nevel	ido pido	
750.	Medicare - Traditional			\$
755.	Medicare - Managed Care			Ψ
760.	Medi-Cal - Traditional			
765.				
770.	County Indigent Programs - Traditional			
775.	, 0			
780.	Other Third Parties - Traditional			
785.	Other Third Parties - Managed Care			
790.	<u> </u>			
795.	Other Payors			
	Total Net Patient Revenue (sum of lines 750 thru 795) (Line 400 + line 500 - line 620			
800.	· · · · · · · · · · · · · · · · · · ·			\$
810.				\$
830.	Total Operating Expenses (including PPC expenses reported in line 840)			\$
835.			\$	
840.	Nonoperating Revenue Net of Nonoperating Expenses \$			\$
	Purchased Inpatient Services			
850.	Discharges (Not included in lines			
855.	Patient Days (Not included in lines	150 thru 200)**		
860.	Expenses (included in line 830)**			\$
	Purchased Outpatient Services			
870.	Expenses (included in line 830)**			\$
880.	Total Capital Expenditures (excluding of	. ,		\$
885.	Fixed Assets Net of Accumulated Depreciation (including construction-in-progress) \$			
900.	Disproportionate Share Funds Transfer	rred to Related Public Entity**		\$

QUESTIONS	CERTIFICATION
Please contact us at the following address, phone	
number, or FAX number:	I,, certify under penalty of
	perjury that to the best of my knowledge and information, the
Patricia Burritt	information reported is true and correct.
Office of Statewide Health Planning and Development	
Accounting and Reporting Systems Section	Ву:
818 K Street, Room 400	
Sacramento, CA 95814	Title: Date:
Phone: (916) 323-0875 FAX No: (916) 323-7675	
E-mail: pburritt@oshpd.state.cs.us	

OSHPD 2000-3 (Rev. 10/98)

Note: Effective with calendar quarters ended on or after March 31, 2000, all hospitals are required to prepare this quarterly report using the Office's Internet Hospital Quarterly Reporting System (IHQRS) and to submit the report to the Office's Internet web-site, unless the Office has granted approval in writing to submit this report using this standard report form.

^{**} The reporting of this item is optional.